

**CHAPTER 4**

# RELICENSURE PROCESS AND FORMS

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Relicensing is vitally important work. Careful attention to relicensing guarantees children receive the care they deserve, ensures foster parents are supported and their skills are maintained, and fulfills the legal and ethical responsibilities of the Supervising Agency.

Licensing professionals are the ones who make the relicensing process meaningful. Submitting a relicensing package to the Licensing Authority is a way of saying that your agency and the foster family in question have taken a fresh look at the family's capacity and willingness to foster, and that together you have decided that they are well-equipped to care for children. Your agency's documentation of this process should reflect this: licensing professionals should take special care to ensure that the wording in the relicensing package recognizes and reflects foster parent cooperation in the relicensing process.



**The relicensure package you submit is small—only three documents—but the Licensing Authority recognizes that it represents a LOT of work!**

## The Relicensure Process

Following are some of the steps in the relicensure process:

- Send the family a reminder letter and documents that they will need to complete: Fire Safety Form (DSS-1515) and Request for Medical Information (DSS-5156). Also remind them about completing their training requirement.

- Place reminder phone calls to family to be sure they are meeting their training requirement and have made necessary fire inspection and medical appointments to complete forms.
- Schedule visits with family.
- Complete updated summary of mutual home assessment. This should include a brief summary of their two years of fostering, any changes in the household or sleeping arrangements, an update of family's strengths and needs and what's being done to meet their needs, as well as a list of quarterly visits and a recommendation for continued licensure.
- Conduct new criminal background checks on all adults in the home. See the previous chapter for more information on this process.
- Visit the family to complete and collect forms, verify that 20 hours of training have been completed, and share the updated summary. Ensure pets have current vaccinations (if applicable).
- Mail necessary documents to the Licensing Authority.
- Keep remaining documents on file in your agency.

Other important things to keep in mind about the relicensing process include:

**The 180-Day Rule.** All of the re-licensing materials must be received by the Licensing Authority within 180 days of when they are signed and dated. The only exception to this is the medical examination—these can be dated up to twelve months before the packet is received by the Licensing Authority.

**Timeframes.** Given the 24 month licensure period, the Licensing Authority is not flexible about receiving relicensure materials. The relicensure packet, is due prior to the date the license expires.

**Recordkeeping.** Most of the documents created during the relicensure process stay in your agency. Please remember that your agency is subject to monitoring and audits to ensure that your process and recordkeeping are in compliance with North Carolina's licensing rules. The following list indicates which documents are sent on to the Licensing Authority and which should be kept on file in your agency.

Relicensing Documents	
<u>Stays in Your Agency File</u>	<u>Send to Licensing Authority</u>
<ul style="list-style-type: none"> <li>• A copy of all items sent to the LA</li> <li>• Reminder Letter to Foster Parents</li> <li>• Agency Foster Parent Agreement</li> <li>• Summary of the past two years of licensure</li> <li>• Copy of all criminal record check results</li> <li>• Discipline Agreement</li> </ul>	<ul style="list-style-type: none"> <li>• Cover letter</li> <li>• Foster Care Facility License Action Request (DSS-5015)</li> <li>• Relicense, Change, and Termination Request Application (DSS-5157)</li> <li>• Fire Safety Form (DSS-1515)</li> <li>• Request for Medical Information (DSS-5156)</li> <li>• Environmental Conditions Checklist (DSS-5150)</li> </ul>

### **Tips for a Successful Relicensure Process**

- START EARLY!
- Always send a cover letter including your contact information
- Relicensing material must be submitted in a single package
- Fill in all required information, date all documents, and gather required signatures
- Document required ongoing training on Foster Care Facility License Action Request (DSS-5015)
- Relicense applications will be accepted up to 2 months prior to end of licensure period
- Please do not fax any documents without prior approval from a licensing consultant

***Advice from a foster parent:***

Timely, friendly reminders help make relicensing easier. It would also be helpful to receive a check list of the necessary forms and contact information, especially for fire inspection.

*In addition, you may wish to consult the “Family-Friendly Checklist for Licensing and Relicensing” in the Appendix (item P).*

## Sample Scheduling Planner for Relicensure

Dates	Activities	Check off / Dates done
<b>1. Six Months</b> prior to end of licensure:  <i>write in date</i>	<b>Send your family a reminder letter and necessary documents</b>	
	Reminder letter sent (with necessary contact information)	
	Fire Safety form (DSS-1515) sent	
	Request for Medical Information form (DSS-5156) sent	
<b>2. Five Months</b> prior to end of licensure  <i>write in date</i>	<b>Reminder phone calls</b>	
	"Are your pet vaccinations up-to-date?"	
	"Have you scheduled your physicals?"	
	"Have you had your required in-service training?"	
<b>3. Four Months</b> prior to end of licensure  <i>write in date</i>	<b>Schedule visits with foster family</b>	
	Phone call to schedule visit	
	"Got your physicals scheduled yet?"	
	"Completed your in-service training yet?"	
<b>4. Three Months</b> prior to end of licensure  <i>write in date</i>	<b>Visit the family</b>	
	Complete the Environmental and Health Regulations Conditions Check List (DSS-5150) and get it signed	
	Complete the Re-licensure Check List (DSS-5157) and have it ready to be signed	
	Review and have each foster parent sign the Discipline Agreement , provide foster parent(s) a copy & keep a copy in the file	
	Review and have each foster parent sign the Agency Foster Parent Agreement (DSS-1796) , provide foster parent a copy & keep a copy in the file	
	Share the updated summary of the Mutual Home Assessment with the family	
	"Got your physicals yet?" (last chance)	
	"Got your inspection yet?" (last chance)	
<b>5. Two Months</b> prior to end of licensure	<b>Collect all documents and mail appropriate ones to Licensing Authority</b>	
	Complete DSS-5015	
	Complete DSS-5157, with all required signatures	
	Review Medicals for dates and signature	
	Review Fire Safety Report for dates and signatures	
	Review Environmental Checklist for dates and signatures	
	Complete Cover letter	
	Mail Packet with documents above to Licensing Authority	
	Pat yourself on the back for a job well done!	

## **The Perfect Relicense Package**

The box below contains a list of the documents that should be in a “perfect” relicense application package. Since a sample of the DSS-5015 is included in Chapter 3, one is not provided here. However, on the following page you will find a sample of the DSS-5157 for relicensing.

<b>The Perfect Relicense Package</b>
<p><b>Send to Licensing Authority:</b></p> <ul style="list-style-type: none"><li>• Cover letter</li><li>• Foster Care Facility License Action Request (DSS-5015)</li><li>• Relicense, Change, and Termination Request Application (DSS-5157)- <i>complete Part I</i></li><li>• Fire Safety Form (DSS-1515)</li><li>• Request for Medical Information (DSS-5156)</li><li>• Environmental Conditions Checklist (DSS-5150)</li></ul> <p><b>Keep in Agency foster parent file:</b></p> <ul style="list-style-type: none"><li>• A copy of all items sent to the LA</li><li>• Agency Foster Parent Agreement (DSS-1796) with signature(s)</li><li>• Discipline Agreement</li><li>• Summary of the past two years of licensure</li><li>• A copy of all criminal record checks</li></ul>

### **The Relicense, Change and Termination Request Application Form (DSS-5157)**

**Signatures:** For a relicense application, signatures are needed from at least one foster parent, the agency social worker, and the executive director or his or her designee (someone from the agency authorized to commit the resources and reputation of the agency). For terminations, signatures of the agency social worker and at least one foster parent are required. In the event that a foster parent is not available to sign, please indicate the reasons as stated in item 2 on the form. To make a change, the signature of the agency social worker only is required.

# 1. Foster Home Relicense, Termination, and Change Request Application (DSS-5157)

## FOSTER HOME RELICENSE, TERMINATION AND CHANGE REQUEST APPLICATION

**Attach:** Cover Letter and a copy of DSS-5015 License Action Request form for all requests

Print Foster Parent(s) Name(s): \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ Facility ID#: \_\_\_\_\_

### I. Relicense Application *(foster parent, licensing social worker, and agency head/designee signatures required)*

1. Background Checks, must be completed on each foster parent and each adult (18 years old and up)

Name of Each Adult in the Home: _____ / _____ _____ / _____ _____ / _____		
Type of Background Check Findings: <i>document new charges in Cover Letter as needed</i>	Check Conducted <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Conducted Date :
Local Court Record Checked by Agency Staff Findings:		
NC Department of Corrections Offender Information <a href="http://www.doc.state.nc.us/offenders/">http://www.doc.state.nc.us/offenders/</a> Findings:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
NC Sex Offender and Public Protection Registry <a href="http://ncfindoffender.com/">http://ncfindoffender.com/</a> Findings:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Nurse Aide I and Health Care Personnel Registry <a href="https://www.ncnar.org/faq.html">https://www.ncnar.org/faq.html</a> Findings:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Child Abuse or Neglect Reported: Substantiation: <input type="checkbox"/> YES , Date of Substantiation: _____ <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

2. Background checks above completed on any *new* adult(s) in the home (18 years old and up) and Fingerprint Clearance letter **attached**. ☐ YES ☐ NO
3. Each foster parent received the required 20 hours of in-service training, documentation in agency file? ☐ YES ☐ NO
4. Each foster parent received the required training in First Aid, CPR, Universal Precautions and Medication Administration prior to initial placement? ☐ YES ☐ NO
5. On file is a summary of fostering experience for past 2 years, including changes in the household, bedroom arrangements, an assessment of strengths and needs demonstrated by foster parents and steps taken to meet needs identified, dates and locations of quarterly visits, and recommendation regarding licensure. ☐ YES
6. Foster parents using physical restraint holds receive required training prior to use of physical restraint holds? ☐ YES ☐ NO ☐ N/A
7. Annual written approval to use physical restraint holds from the Executive Director provided to foster parent and placed in file? ☐ YES ☐ NO ☐ N/A
8. Therapeutic foster parents have received additional training within 1<sup>st</sup> year of licensure as required by 10A NCAC 70E .1117 (3) (a-e). ☐ YES ☐ NO ☐ N/A

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9. Total number of children in the home. **Complete Each Blank.**

- \_\_\_\_\_ # foster parents minor children including birth, adoptive, guardian  
 \_\_\_\_\_ # relative children  
 \_\_\_\_\_ # non-relative children (do not count foster children or daycare children)  
 \_\_\_\_\_ # In-Home Daycare License Capacity, **attach copy of license**  
 \_\_\_\_\_ # Community Alternative Program (CAP) clients in the home  
 \_\_\_\_\_ # foster care license capacity as printed on most current DSS-5015  
 \_\_\_\_\_ Total of numbers above

10. Required forms **Attached?**

- DSS-5156 Request for Medical Information ☐ YES ☐ NO  
 DSS-1515 Fire Safety Inspection Report ☐ YES ☐ NO  
 DSS-5150 Environmental Conditions and Health Regulations Checklist ☐ YES ☐ NO

11. Required forms reviewed, signed, a copy retained in agency foster parent file and given to foster parent(s)?

- Discipline Agreement ☐ YES ☐ NO  
 DSS-1796 Agency/ Foster Parent Agreement ☐ YES ☐ NO

12. Waiver of licensure rule previously granted? ☐ YES ☐ NO

13. Waiver of licensure rule being requested? If YES attach DSS-5199 Waiver Request Form ☐ YES ☐ NO

### II. License Termination Request (social worker and foster parent signature required)

1. Please Terminate this license effective: \_\_\_\_\_

Reason for Termination: ☐ Adopted ☐ No longer desires to foster ☐ Other obligations

2. If foster parent is NOT available for signature, indicate reason below.

☐ Moved ☐ No reply to agency attempts to contact ☐ Other: \_\_\_\_\_

Document Attempts to Contact: \_\_\_\_\_

### III. License Change Request (social worker signature required)

1. Desired Effective Date \_\_\_\_\_

2. Please Change Capacity to: \_\_\_\_\_ **Complete Part I. #9 above.**

#### Document Sleeping Arrangements

SLEEPING ARRANGEMENTS CHART	Bed Type / Occupant(s)	Bed Type / Occupant(s)	Bed Type / Occupant(s)	Bed Type / Occupant(s)
Example Bedroom 0.	Queen / Mr. & Mrs. Applicant	Crib/1 foster child		
Bedroom 1.				
Bedroom 2.				
Bedroom 3.				
Bedroom 4.				
Bedroom 5.				

Is request for total number of children in a family foster home to be greater than 5? ☐ YES ☐ NO

**If 'YES' document the following in your cover letter:**

The capacity change request is to allow siblings to remain together; Verification that the out-of-home family services agreement for each sibling specifies the children shall be placed together; Assessment of the skill, stamina, and ability of foster parent(s) to care for the children.

3. Please change Age Range from : \_\_\_\_\_ to \_\_\_\_\_
4. Please change Address to: \_\_\_\_\_  
**Attach DSS-1515** Fire Inspection, **DSS-5150** Environmental Checklist. **Complete** Sleeping Arrangements Chart.
5. Please add to the household: Name \_\_\_\_\_ Relationship to foster parent(s) \_\_\_\_\_  
**Complete:** Sleeping Arrangements Chart & **I. (9)** above. **Attach:** **DSS-5017** Medical History Form, **DSS-5156** Request for Medical Information
- New HH member 18yo or up? ☐ YES ☐ NO  
 If 'YES' **Complete I. (1)** Background Check Table; **Attach** FPrint Clearance Letter & TB tests results;  
**Complete DSS-5280** Notice Mandatory Criminal History Check (keep a copy in file & provide a copy to new household member)
6. Please change from: ☐ **Therapeutic to Family Foster Care; Complete I. (9) above.**
7. Please change from: ☐ **Family Foster Care to Therapeutic; Complete I. (9) above.**  
 Foster parent(s) have received additional 10 hours of required pre-service training, and agree(s) to receive additional training within 1<sup>st</sup> year of licensure as a therapeutic foster parent(s) as required by 10A NCAC 70E .1117 (3) (a-e). ☐ YES ☐ NO
8. Please remove (Foster Parent – *signature required below*) Name: \_\_\_\_\_  
 (Adult Household Member) Name: \_\_\_\_\_  
 Document reason: \_\_\_\_\_
9. Other: Please change DSS-5015 field \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

**FAMILY FOSTER HOME RELICENSURE, TERMINATION AND CHANGE REQUEST  
 CERTIFICATION**

**We certify that agency staff has reviewed this application and confirm that the home is in compliance with all rules and policies governing foster home licensure. We understand that according to GS 131D-10.6C this information may be furnished to others upon proper request.**

\_\_\_\_\_  
 Signature of Social Worker Telephone Number

\_\_\_\_\_  
 Print Name of Social Worker Date

\_\_\_\_\_  
 Signature of Foster Parent Date

\_\_\_\_\_  
 Signature of Supervisor, Program Admin or Agency Head

\_\_\_\_\_  
 Print Name of Sup, Program Admin or Agency Head Date

\_\_\_\_\_  
 Signature of Foster Parent Date

## **If You Miss the Deadline**

**If there are children in the home.** If there are children in a home but relicensing paperwork has not been received by the Licensing Authority by the 24-month deadline, the license is terminated and the placement becomes illegal. When this happens, the custodians of the child become legally liable for the child's safety and well-being. Licensing professionals and their supervisors may also be held personally liable, which means that their personal assets (house, car, savings) could be at risk. To avoid this liability, Supervising Agencies usually take one of the following actions:

- Move the child to a licensed placement. Although this solution eliminates the legal vulnerability, it risks inflicting further trauma on a child, especially if the placement is stable and there is a bond between the child and his or her foster parents.
- Ask a court to make this (currently) unlicensed placement the court-ordered placement for the child. Although this solution eliminates legal vulnerability, it also means that in most cases federal or state funds cannot be used to pay for the care of the child.

All this underscores the importance of submitting relicensing materials in a timely fashion.

## **Submitting Materials After the Deadline**

**Within One Year.** When a foster home license is terminated for failure to submit relicensure materials, the home may be relicensed if the materials are submitted to the Licensing Authority within one year of the date the license was terminated. If approved, the new license will be issued effective the date the licensing materials are received by the Licensing Authority.

**After One Year.** After one year, the foster family will have to submit a new licensure application to be considered for relicensure.

**Special Training Considerations.** Previously licensed foster parents who have not been licensed within the last 24 consecutive months must demonstrate to the Supervising Agency that they have continued mastery of the 12 skills. The Supervising Agency, in turn, must document this fact for the Licensing Authority.

If the previously licensed foster parents cannot demonstrate mastery of all 12 skills, they must retake the 30 hours of pre-service training. Previously licensed therapeutic foster parents must also demonstrate continued mastery of the therapeutic skills or retake the 10-hour therapeutic pre-service training. The Supervising Agency must also provide documentation to the Licensing Authority that trainings for first aid, CPR, and universal precautions are updated.

## Relicensing After Termination in Good Standing

When a license has been terminated in good standing before the end of the foster family's current licensure period, and the foster family wishes to be licensed again, the license may be renewed. The period of time for this renewed license will be from the date the request is received by the Licensing Authority to the end date of the license period in effect when the license was terminated.

The following example illustrates how this works: The Smith family's licensure period is from December 2005 through December 2007. In January 2007 they decide not to foster anymore and their license is terminated. In May 2007 the foster parents tell their Supervising Agency that they have had a change of mind, and wish to be licensed again. In this instance, the Supervising Agency must submit the following to the Licensing Authority:

- Cover letter
- DSS-5157 with Part III Change Section (Other) completed requesting reinstatement of the license (required signatures on the DSS-5157 are the same as for a relicensure)

If the Licensing Authority approves the request, the certification period would be May 2007 through December 2007.